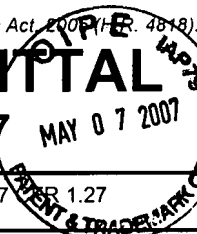


<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2001 (P.L. 107-173).</p> <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2007</h2>		<p><b>Complete If Known</b></p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/810,541
		Filing Date	March 26, 2004
		First Named Inventor	Sayaka KAWASHIMA
		Examiner Name	Dawn L. Garrett
		Art Unit	1774
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$1,700.00)	
<p style="text-align: center;">  </p>		Attorney Docket No.	
		TJK/460	
		(blank)	
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		(blank)	

**METHOD OF PAYMENT** (check all that apply)

☒ Check  
 ☐ Credit Card  
 ☐ Money Order  
 ☐ None  
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account  
 Deposit Account Number: 19-1351  
 Deposit Account Name: Seyfarth Shaw LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below  
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  
 ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 20 or HP = _____	x _____	= _____
HP = highest number of total claims paid for, if greater than 20		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 3 or HP = _____	x _____	= _____
HP = highest number of independent claims paid for, if greater than 3		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____	/50 = _____	(round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): Issue Fee & Publication Fee	1,700.00

<p><b>SUBMITTED BY</b></p>	
Signature: 	Registration No. 35,567 (Attorney/Agent)
Name (Print/Type): Timothy J. Keefer	Telephone 312-460-5000 Date May 2, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: )  
Sayaka KAWASHIMA )  
Application No.: 10/810,541 ) GAS BARRIER SUBSTRATE  
Filing Date: March 26, 2004 ) Customer No. 27,717

**TRANSMITTAL LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Mail Stop: Issue Fee

Dear Sir:

Please find enclosed the following in the above-captioned patent application:

1. Fee Transmittal
2. Part B – Fee(s) Transmittal in duplicate;
3. A check in the amount of \$1,700.00 in payment of the issue fee and publication fee;

and


4. Certificate of Mailing and Postcard.

Please charge any additional fees to Deposit Account No. 19-1351. A duplicate of this transmittal is enclosed.

Please acknowledge receipt of the above by returning the enclosed self-addressed, stamped postcard.

Respectfully Submitted,

Date: May 2, 2007

  
\_\_\_\_\_  
Timothy J. Keefer, Reg. No. 35,567

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